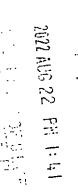
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(Rec	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	

Office Use Only



800392763188



A. BUTLER NOV 16 2022

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	Name of Lim	ited Liability Company		
he enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
	ondence concerning this matter	-		
	Colette Fontana			
		Name of Person		
	····	Firm/Company		
	5533 Twilight Grey Ln		<u>. </u>	
	Sarasota, FL 34240	Address		
		City/State and Zip Code		
	colette.fontana07@gmail.ec E-mail address: (ont to be used for future annual report notif	fication)	
For further information c	oncerning this matter, please ca	all:		
Colette Fontana		941 539-6299 at ()		
Name o	f Person	Area Code Daytime	e Telephone Number	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed	
Mailing Address Registration S		Street Address: Registration Sec	etion	
Division of C	Corporations	Division of Cor	porations	
P.O. Box 6327 Tallahassee, FL 32314		2415 N. Monroe	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cali 3736 LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on 01/08/2019	and assigned
Florida document number L19000005249		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Kilgore Realty Group LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "I	JLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office	address on our records, <u>en</u>	ter the name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	lress
		Florida
	City	Zip Code
At the first term of the first term of the second American		

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
		·	□Add
			□Remove
			Change
			□Add
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Effective date, if other the (If an effective date is listed, the outer inserted in document's effective date of	date must be specific a this block does not	and cannot be prior to it meet the applical	o date of filing or more	e than 90 days after fil	ing.) Pursuant to 605.0207 (,
the record specifies a delayed	effective date, but n	not an effective tin	ne, at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
ord is filed.					
Dated August 17		2022	_•		
Dated August 17	Signatural of	of the for	tana	Fa member	
	Signature of	of the for	tana ized representative of	f a member	